

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90154 029 \*\*\*158.75

**DOCUMENT # P99000085875**

1. Entity Name  
CARD SOUND CHARTERS, INC.



Principal Place of Business  
544 CARD SOUND RD  
HOMESTEAD, FL 33030

Mailing Address  
16801 SW 238 STREET 18540 Fishing Hawk Lane  
REDLANDS FL 33031  
LOXAHATCHEE FL 33470



04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3620605

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BOWEN, LESLEY E  
48 NE 15 STREET  
HOMESTEAD, FL 33030

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOOG, ROBERT CHARLES  
16801 SW 238 STREET  
REDLANDS, FL 33031

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-05 7864129566